Fill in this infor	mation to identify your	case:		
Debtor 1	Mary L Sanders			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN	
Case number	19-42594-R			
(if known)				☐ Check if this is a amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pai	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	130,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	5,440.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	135,440.00
Pai	t 2: Summarize Your Liabilities		
			abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	81,358.10
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	24,337.19
	Your total liabilities	\$	105,695.29
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,874.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,873.10
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sc	hedules.
7.	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Best Case Bankruptcy

Debtor 1 Mary L Sanders

Case number (if known) 19-42594-R

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____247.83

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

FIII	n this info	rmation to identify your case	and this filing:		
Deb	or 1	Mary L Sanders			
Deb	or 2	First Name	Middle Name Last Name		
	se, if filing)	First Name	Middle Name Last Name		
Jnit	ed States B	Bankruptcy Court for the: EAS	TERN DISTRICT OF MICHIGAN		
Cas	number	19-42594-R			☐ Check if this is a
					amended filing
ገff	icial Fo	orm 106A/B			
		le A/B: Propert	V		12/15
			s. List an asset only once. If an asset fits in more than one	and an array line the annut i	
			est in any residence, building, land, or similar property?		
_	No. Go to Pa	art 2. e is the property?	est in any residence, building, land, or similar property?		
-	Yes. Where	e is the property?	What is the property? Check all that apply		
	Yes. Where	e is the property?		the amount of any secur	claims or exemptions. Put ed claims on Schedule D: nims Secured by Property.
	Yes. Where	e is the property?	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	the amount of any secur	ed claims on Schedule D:
-	Yes. Where	e is the property? S Blvd s, if available, or other description	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	the amount of any secur Creditors Who Have Cla	ed claims on Schedule D: nims Secured by Property. Current value of the
-	Yes. Where 939 Kirts Street address	e is the property? Blvd s, if available, or other description MI 48084-06	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Current value of the entire property? \$130,000.00 Describe the nature of	ced claims on Schedule D: chims Secured by Property. Current value of the portion you own? \$130,000.0 your ownership interest nancy by the entireties, of
	Yes. Where 939 Kirts Street address	e is the property? Blvd s, if available, or other description MI 48084-06	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one	Current value of the entire property? \$130,000.00 Describe the nature of (such as fee simple, te	current value of the portion you own? \$\frac{\text{\$130,000.0}}{\text{\$0}}\$ Surrent value of the portion you own? \$\frac{\text{\$130,000.0}}{\text{\$0}}\$ The portion you own?
-	Yes. Where 939 Kirts Street address	e is the property? S BIVd Is, if available, or other description MI 48084-06 State ZIP Coc	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Current value of the entire property? \$130,000.00 Describe the nature of (such as fee simple, te a life estate), if known.	current value of the portion you own? \$\frac{\text{\$130,000.0}}{\$130,\$text{\$130,\$t
	939 Kirts Street address Troy City	e is the property? S BIVd Is, if available, or other description MI 48084-06 State ZIP Coc	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property? \$130,000.00 Describe the nature of (such as fee simple, te a life estate), if known. Fee simple (sole of the check if this is co	Current value of the portion you own? \$130,000.0 your ownership interest nancy by the entireties, commer)
_	939 Kirts Street address Troy City Oakland	e is the property? S BIVd Is, if available, or other description MI 48084-06 State ZIP Coc	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only	Current value of the entire property? \$130,000.00 Describe the nature of (such as fee simple, te a life estate), if known. Fee simple (sole of the content	Current value of the portion you own? \$130,000.0 your ownership interest nancy by the entireties, owner)

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

\$130,000.00

Debto	or 1 Mary	L Sanders		Case number (if known) <u>19-42594-</u> l	R
3. Ca ı	rs, vans, truc	cks, tractors, sport u	tility vehicles, motorcycles			
	No					
	Yes					
3.1	Make: Sa	aturn	Who has an interest in the property? Check one		ecured claims or e	
5.1	Model: Io		Debtor 1 only		ny secured claims Have Claims Secu	
		006	Debtor 2 only	Current value o		nt value of the
	Approximate	mileage:	Debtor 1 and Debtor 2 only	entire property		n you own?
	Other informa	ition:	☐ At least one of the debtors and another			
			Check if this is community property (see instructions)	\$1,10	00.00	\$1,100.00
5 Ac pa Part 3 Do yo 6. Ho Ex	amples: Boats No Yes Idd the dollar ages you hav Describe You own or had usehold goo	value of the portion e attached for Part 2 our Personal and Hous we any legal or equit ds and furnishings or appliances, furniture	ATVs and other recreational vehicles, other vehicles conal watercraft, fishing vessels, snowmobiles, motorcy you own for all of your entries from Part 2, including. Write that number here	cle accessories	portion Do not o	\$1,100.00 value of the you own? leduct secured or exemptions.
		Househo	ld Goods and Furnings			\$1,700.00
Ex		ıding cell phones, can	dio, video, stereo, and digital equipment; computers, p neras, media players, games	rinters, scanners; music	collections; ele	ctronic devices
Ex		ques and figurines; pa r collections, memora	intings, prints, or other artwork; books, pictures, or othe bilia, collectibles	er art objects; stamp, coi	n, or baseball c	ard collections;
		10 paper	weights			\$100.00
Ex	<i>amples:</i> Spoi	ical instruments	rcise, and other hobby equipment; bicycles, pool tables	s, golf clubs, skis; canoe:	s and kayaks; c	arpentry tools;

Official Form 106A/B Schedule A/B: Property page 2

De	ebtor 1	Mary L Sand	ers			Case number	(if known)	19-42594-R
10.	■ No		s, shotgur	es, ammunition, and re	elated equipment			
11.	□ No ´		othes, furs	s, leather coats, desig	ner wear, shoes,	accessories		
			Clothi	ng]	\$200.00
12.	□ No [′]			, , , , ,	ement rings, wedd	ding rings, heirloom jewelry, watche	s, gems, ç	
			miscel	laneous jewelry				\$1,500.00
13.	Examp ■ No	rm animals bles: Dogs, cats, b Describe	birds, hor	ses				
14.	■ No	her personal and			ot already list, ir	ncluding any health aids you did	not list	
15			•	our entries from Par nere		ny entries for pages you have atta	ached	\$3,650.00
		scribe Your Finance						
Do	you ow	vn or have any le	egal or e	quitable interest in a	ny of the follow	ing?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No			our wallet, in your hom		sit box, and on hand when you file	your petiti	on
				other financial accou re multiple accounts v		f deposit; shares in credit unions, b itution, list each.	rokerage l	nouses, and other similar
					Institution n	ame:		
			17.1.	Checking and Savings	Chase			\$90.00
18.	Bonds, Examp	, mutual funds, on the second funds, on the second funds,	or public investme	ly traded stocks nt accounts with brok	erage firms, mon	ey market accounts		
	☐ Yes			Institution or issuer na	ame:			
19.	joint v ■ No	enture		-		orporated businesses, including a	an interes	t in an LLC, partnership, and
	☐ Yes.	Give specific info	ormation	about them				

Official Form 106A/B

page 3

Schedule A/B: Property

Debtor	1 Mary L	_ Sanders			Ca	ase number (if known)	19-42594-R	
		Name of ent	tity:		9	6 of ownership:		
Neg	gotiable instr n-negotiable	d corporate bonds and uments include personal instruments are those you	checks, cashiers'	checks, promissory	notes, and mone			
□ Ye	es. Give spec	cific information about the Issuer name						
	amples: Inter	ension accounts ests in IRA, ERISA, Keog	ıh, 401(k), 403(b),	thrift savings accou	nts, or other pen	sion or profit-sharing	plans	
■ Ye	es. List each	account separately. Type of account	nt:	Institution name:				
				401k through Vo	оуа		Unkno	wn
You Exa	ur share of al a <i>mples:</i> Agre	ts and prepayments I unused deposits you ha ements with landlords, pr					nies, or others	
■ No	o es			Institution name or	individual:			
23. Ann	nuities (A cor	ntract for a periodic paym	ent of money to y	ou, either for life or fo	or a number of y	ears)		
■ No	o es	Issuer name and de	escription.					
24. Inter	rests in an e	ducation IRA, in an acc (b)(1), 529A(b), and 529(ed ABLE program, o	or under a quali	fied state tuition pro	ogram.	
■ No	o es	Institution name and	d description. Sep	arately file the record	ds of any interes	ts.11 U.S.C. § 521(c):		
		e or future interests in	property (other t	han anything listed	l in line 1), and ı	ights or powers exe	ercisable for your benefit	
■ No		cific information about the	em					
Exa ■ No	a <i>mples:</i> Interio	ghts, trademarks, trade net domain names, websi	ites, proceeds froi			S		
	·	hises, and other genera						
Exa ■ No	a <i>mples:</i> Build o	ling permits, exclusive lice	enses, cooperativ	e association holding	gs, liquor license	s, professional licens	es	
□ Ye	es. Give spe	cific information about the	em					
Money	or property	owed to you?					Current value of the portion you own? Do not deduct secure claims or exemptions	ed
	-	ed to you	am including what	thar you alroady files	the returns and	the tax years		
- 16	es. Give spec	one information about the	an, including when	ulei you alleauy illed	a uie ietuilis diid	uie lax yeals		
			0040 T			.	. *	
			2018 Tax Refu	ınd		Federal and Sta	te \$600).00
	nily support amples: Past	due or lump sum alimony	,, spousal support	t, child support, main	ntenance, divorce	e settlement, property	settlement	

 $\hfill \square$ Yes. Give specific information.....

Official Form 106A/B Schedule A/B: Property page 4

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

■ No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7:

Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Official Form 106A/B Schedule A/B: Property page 5 Debtor 1 Mary L Sanders Case number (if known) 19-42594-R

Par	8: List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2				\$130,000.00
56.	Part 2: Total vehicles, line 5		\$1,100.00		
57.	Part 3: Total personal and household items, line 15		\$3,650.00		
58.	Part 4: Total financial assets, line 36		\$690.00		
59.	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$0.00		
62.	Total personal property. Add lines 56 through 61	_	\$5,440.00	Copy personal property total	\$5,440.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62				\$135,440.00

Fill in this infor	mation to identify your	case:			
Debtor 1	Mary L Sanders				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F MICHIGAN		
Case number	19-42594-R				
(if known)					Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2. Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

Ра	identity the Property You Claim as E	xempt		
1.	Which set of exemptions are you claiming	? Check one only, ever	n if your spouse is filing with you.	
	■ You are claiming state and federal nonban	kruptcy exemptions. 1	1 U.S.C. § 522(b)(3)	
	☐ You are claiming federal exemptions. 11 t	J.S.C. § 522(b)(2)		
2.	For any property you list on Schedule A/B	that you claim as exe	mpt, fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
	000 K + DI I T - MI 40004			W. I. O

	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
939 Kirts Blvd Troy, MI 48084 Oakland County Condo needs repairs. Property is in Trust (No other property in the Trust) Line from Schedule A/B: 1.1	\$130,000.00		\$57,350.00 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(m)
2006 Saturn Ion Line from Schedule A/B: 3.1	\$1,100.00		\$1,100.00	Mich. Comp. Laws § 600.5451(1)(g)
Ellie Holli Gareagle A.E. G. 1			100% of fair market value, up to any applicable statutory limit	000.0401(1)(g)
Household Goods and Furnings	\$1,700.00		\$1,700.00	Mich. Comp. Laws § 600.5451(1)(c)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	000.0401(1)(0)
Electronics	\$150.00		\$150.00	Mich. Comp. Laws § 600.5451(1)(c)
Ellio Holli Gonoddio 7VD. 111			100% of fair market value, up to any applicable statutory limit	0000-01(1)(0)
10 paperweights	\$100.00		\$100.00	Mich. Comp. Laws § 600.5451(1)(c)
Line from Goriedale A/D. G. I			100% of fair market value, up to	000.0401(1)(0)

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

any applicable statutory limit

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	Specific laws that allow exemption		
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
Clothing Line from Schedule A/B: 11.1	\$200.00		\$200.00	Mich. Comp. Laws § 600.5451(1)(a)(iii)	
Ellio II on Concadio 702. TTT			100% of fair market value, up to any applicable statutory limit	00000101(1)(0)(11)	
miscellaneous jewelry Line from Schedule A/B: 12.1	\$1,500.00		\$1,500.00	Mich. Comp. Laws § 600.5451(1)(c)	
Ellie Holli Gonedale AVB. 1211			100% of fair market value, up to any applicable statutory limit	000.0401(1)(0)	
Checking and Savings: Chase	\$90.00		\$70.00	MICHIGAN CONSTITUTIO	
Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	ARTICLE X SECTION3	
401k through Voya Line from Schedule A/B: 21.1	Unknown	\$0.00		Mich. Comp. Laws § 600.5451(1)(I)	
Line Holli Schedule A/B. 21.1			100% of fair market value, up to any applicable statutory limit	000.5451(1)(1)	
Federal and State: 2018 Tax Refund Line from Schedule A/B: 28.1	\$600.00		\$600.00	MICHIGAN CONSTITUTION ARTICLE X SECTION3	
Ellie Holli Genedale A/B. 2011			100% of fair market value, up to any applicable statutory limit	ANTIGEE X GEOTIONS	

Filli	in this informat	ion to identify you	r case:			
Deb	tor 1	Mary L Sanders				
		First Name	Middle Name Last Name			
	tor 2 use if, filing)	First Name	Middle Name Last Name			
` '		ruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN			
	ca otates banki	uptcy Court for the.	EXCIENT DIGITALS OF WHICH HOVEL			
Case (if knd		42594-R			☐ Check	if this is an
					_	led filing
Off:	ioial Earm 1	1060				
	icial Form ´		Who Hove Claims Socur	ad by Draparty	•	40/45
<u> </u>	nedule D	Creditors	Who Have Claims Secur	ed by Property		12/15
			f two married people are filing together, both are out, number the entries, and attach it to this form			
	per (if known).		· ·			
	_	ve claims secured by		Van hans mathiam also to	was and any thin favor	
	_		is form to the court with your other schedules	. You have nothing else to	report on this form.	
		of the information b	DEIOW.			
Part		ecured Claims		Column A	Column B	Column C
for ea	ach claim. If more	than one creditor has	nore than one secured claim, list the creditor separa a particular claim, list the other creditors in Part 2. A	As Amount of claim	Value of collateral	Unsecured
much	h as possible, list t	he claims in alphabetic	al order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1	Courtwood	Villa Condo	Describe the property that secures the claim:	\$1,548.00	\$130,000.00	\$0.00
	Assoc. Creditor's Name		939 Kirts Blvd Troy, MI 48084	7	<u> </u>	
			Oakland County			
	c/o Makowe		Condo needs repairs. Property is in Trust (No other			
	Guerra Weg 23201 Jeffer		property in the Trust)			
	Saint Clair S		As of the date you file, the claim is: Check all that apply.	_		
	48080		Contingent			
	Number, Street, Cit	y, State & Zip Code	Unliquidated			
Who	owes the debt?	? Check one.	☐ Disputed Nature of lien. Check all that apply.			
	ebtor 1 only		☐ An agreement you made (such as mortgage or	secured		
	ebtor 2 only		car loan)			
	Debtor 1 and Debto	or 2 only debtors and another	Statutory lien (such as tax lien, mechanic's lien)		
	it least one of the c Check if this claim		☐ Judgment lien from a lawsuit☐ Other (including a right to offset)			
	community debt					
Date	debt was incurre	ed	Last 4 digits of account number			
0.0	Ditaak Finan	a i al I I C	Beautiful the management of the form	₽70.700.00	£420,000,00	\$0.00
2.2	Ditech Finar Creditor's Name	iciai LLC	939 Kirts Blvd Troy, MI 48084	\$78,782.00	\$130,000.00	\$0.00
			Oakland County			
			Condo needs repairs.			
		_	Property is in Trust (No other property in the Trust)			
	PO Box 6172 Rapid City, \$		As of the date you file, the claim is: Check all that	_		
	57709-6172	30	apply. Contingent			
	Number, Street, Cit	y, State & Zip Code	☐ Unliquidated			
\A/I	ower the detre	Charles	Disputed			
_	owes the debt?	r Uneck one.	Nature of lien. Check all that apply.	accurad		
	Debtor 1 only Debtor 2 only		 An agreement you made (such as mortgage or car loan) 	Secured		
	Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)		
ПА	at least one of the o	debtors and another	☐ Judgment lien from a lawsuit			

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Official Form 106D

Debtor 1 Mary L Sanders		Case number (if known)	19-42594-R	
First Name Midd	le Name Last Name			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 2004	Last 4 digits of account number 34	74		
Oakland County Treasurer	Describe the property that secures the claim:	\$1,028.10	\$130,000.00	\$0.00
Creditor's Name	939 Kirts Blvd Troy, MI 48084 Oakland County Condo needs repairs. Property is in Trust (No other property in the Trust)			
1200 N Telegraph Rd Pontiac, MI 48341	As of the date you file, the claim is: Check all the apply. Contingent	at		
Number, Street, City, State & Zip Code	☐ Unliquidated☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage of car loan)	or secured		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	n)		
☐ At least one of the debtors and another	er			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
Add the dellar value of transition	Ochony A on this ways Weits that we still a	\$24.05 6	240	
-	n Column A on this page. Write that number here: add the dollar value totals from all pages.	\$81,358		
Write that number here:	idu tile dollar value totals Irolli ali pages.	\$81,358	3.10	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Debtor 1 Mary L Sanders First Name									3/08/19 3:14PM
Debtor 2 (Spouse I, fling) Feet Name	Fill in th	his informa	ation to identify your c	ase:					
Debtor 2 (Spouse I, fling) Feet Name	Debtor '	1	Mary I Sanders						
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN Case number 19-42594-R				Middle Na	ime	Last Name			
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN Case number 19-42594-R Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Base as complete and accurate as possible. Use Part 1 for creditors with RRIORITY claims and Part 2 for creditors with NOMPRIORITY claims. List the other party to any executory contracts or an expended leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 1966). Do not include any creditors with Navo (Insulation 1968) and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 1966). Do not include any creditors with part 1968/19 and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 1966). Do not include any creditors with part 1968/19 and on Schedule 0: Creditors who have claims Secured by Property. If more space is needed, copy the Party on need, fill in out he boxes on the filt. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your near and case number (if known). Part 13: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2.									
Case number 19-42594-R (If throms)	(Spouse if,	, filing)	First Name	Middle Na	ime	Last Name			
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts and Unexpired Leases (Official Form 1066.49) and on Schedule C. Executory Contracts and Unexpired Leases (Official Form 1066.49) and on the count include any creditors with partially secured claims that are listed in one before the continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. Yes.	United S	States Bank	cruptcy Court for the:	EASTERN D	ISTRICT OF MI	CHIGAN			
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to great property of the property	Case nu	umber 19	9-42594-R						
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts on schedule A/B: Property (Official Form 1086) and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 1086). Do not include any creditors with partially secured claims that are listed in Schedule 0: Executory Contracts and Unexpired Leases (Official Form 1086). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property, If more space is needed, copy the Part you need, fill out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim its. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the creditor separately for each claim. For each claim listed, identify what type of claim its. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the coher creditors in Part 3. If you have more than three morpriority unsecured claims all out the Continuation Page of Part 2. Popportive Creditor's Name PO Box 8803 Wilmington, DE 19899 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Undiquidated Debtor 1 only Debtor 1 only Debtor 1 only Debtor	(if known)				-				Check if this is an
Be as complete and accurate as possible. Use Part 1 for creditions with NONPRIORITY claims. List the other party to may executory contracts or unscriptived leases that could result in a claim. Also list executory contracts on Schedule ARs: Property (Official Form 1066), Do not include any creditors with NonPRIORITY claims. List the other party to schedule by contracts on schedule ARs: Property (Official Form 1066), Do not include any creditors with partialty secured claims that are listed in Schedule 0: Executory Contracts and Unexpired Leases (Official Form 1066), Do not include any creditors with partialty secured claims that are listed in Schedule Dr. Creditors Who Holds claims Secured by Property, If more space is needed, copy the Part you need, fill if out, number the entries in the bose on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 1. Ves. 1. Ves. 1. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. 1. Debtor 1 only 1. Debtor 2 only 1. Debtor 1 and Debtor 2 only 1. Debtor 2 only 1. Debtor 3 pointly included the debtors and another lepton of the debtors and another lepton of the debtors and ano									amended filing
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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or Schedule AB: Property (Official Form 106G) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2: Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the ordition separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.1 you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Barclay's Bank Delaware Nonpriority Creditor's Name PO Box 8803 When was the debt incurred? Obeltor 1 only As of the date you file, the claim is: Check all that apply When was the debt incurred? Obeltor 1 only As of the date you file, the claim is: Check all that apply When was the debt in curred the debtor can danother				ho Have	Uneacura	d Claime			12/15
any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases (Property (Official Form 196A/B) and on Schedule de Scaecutory Contracts and Unexpired Leases (Official Form 196A/B). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the feth. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part !: List All of Your PRIORITY Unsecured Claims No. Go to Part 2.							Part 2 for araditors with NON	DDIODITY ale	
1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes.	Schedule left. Attac	D: Creditor th the Conti case numb	s Who Have Claims Secunuation Page to this page oer (if known).	ired by Propert e. If you have n	y. If more space is o information to r	s needed, copy	the Part you need, fill it out, i	number the e	ntries in the boxes on the
No. Go to Part 2: Yes.	Part 1:	List All	of Your PRIORITY Un	secured Clair	ns				
List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Barclay's Bank Delaware Nonpriority Creditor's Name PO Box 8803 Wilmington, DE 19899 Wilmington, DE 19899 Who incurred the debt? Check one. Debtor 1 only Check if this claim is for a community debt As of the date you file, the claim is: Check all that apply Who incurred the debts on the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 only Disputed Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 onforce that you did not report as priority claims Debtor 1 onforce that you did not report as priority claims	1. Do a	ny creditors	s have priority unsecured	d claims agains	t you?				
List All of Your NONPRIORITY Unsecured Claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than the nonpriority unsecured claims fill out the Continuation Page of Part 2. At Barclay's Bank Delaware	■ N	lo. Go to Par	t 2.						
3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes.	□ Y	'es.							
No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim	Part 2:	List All	of Your NONPRIORIT	Y Unsecured	Claims				
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. 4.1 Barclay's Bank Delaware Nonpriority Creditor's Name PO Box 8803 Wilmington, DE 19899 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No Debts to define the debts or position or profit-sharing plans, and other similar debts	3. Do a	ny creditors	s have nonpriority unsec	ured claims ag	ainst you?				
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim		lo. You have	nothing to report in this pa	art. Submit this f	orm to the court wit	th your other sch	edules.		
unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. 4.1 Barclay's Bank Delaware Nonpriority Creditor's Name PO Box 8803 Wilmington, DE 19899 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts	■ Y	es.							
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Nonpriority Creditor's Name PO Box 8803 Wilmington, DE 19899 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No When was the debt incurred? 2009 When was the debt incurred? 2009 As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply									Total claim
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Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt ls the claim subject to offset? □ No □ Debtor 1 only □ Debtor 2 only □ Disputed □ Disputed □ Disputed □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts					Ü				
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Type of NONPRIORITY unsecured claim: Student loans Debts do separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts					When was the de	bt incurred?	2009		_
Who incurred the debt? Check one. □ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt ls the claim subject to offset? □ Debts to pension or profit-sharing plans, and other similar debts					As of the date vo	u file. the claim	is: Check all that apply		
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u, o.u	on on one an inat apply		
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		Debtor 1	only		☐ Contingent				
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt ls the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		_	•						
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts			•		· ·				
□ Check if this claim is for a community debt Is the claim subject to offset? □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts			•	ther	-1	ORITY unsecure	d claim:		
debt Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts		_			☐ Student loans				
		debt		y			aration agreement or divorce th	at you did not	
☐ Yes ☐ Other. Specify Credit Card		■ No			☐ Debts to pension	on or profit-sharin	ng plans, and other similar debt	S	
		☐ Yes			Other. Specify	Credit Card	d		

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor 1 Mary L Sanders Case number (if known) 19-42594-R

Nonpriority Creditor's Name 750 Stephenson Highway	When was the debt incurred?	
PO Box 5042		
Troy, MI 48007-5042 Number Street City State Zip Code Who incurred the debt? Check one.	as of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	Contingent	
	☐ Unliquidated	
	☐ Disputed	
	Type of NONPRIORITY unsecured claim:	
	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not eport as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify medical	
	ast 4 digits of account number 5376	\$265.00
Nonpriority Creditor's Name 25400 West Eight Mile Road Southfield, MI 48033	When was the debt incurred?	
	s of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	Contingent	
	☐ Unliquidated	
·	Disputed	
•	Type of NONPRIORITY unsecured claim:	
_	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not eport as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Medical Bill	
3	ast 4 digits of account number	\$1,805.19
zorr oroone moda, oto m	When was the debt incurred?	
Troy, MI 48084 Number Street City State Zip Code Who incurred the debt? Check one.	as of the date you file, the claim is: Check all that apply	
_	☐ Contingent	
·	☐ Contingent ☐ Unliquidated	
	☐ Disputed	
•	□ Disputed Type of NONPRIORITY unsecured claim:	
The least one of the debtors and another	Student loans	
Check if this claim is for a community	Obligations arising out of a separation agreement or divorce that you did not	
	eport as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Dental Bill	

3/08/19 3:14PM Debtor 1 Mary L Sanders Case number (if known) 19-42594-R 4.5 **HCR ManorCare** Last 4 digits of account number \$1,044.00 Nonpriority Creditor's Name **HHCC Oakland** When was the debt incurred? 925 West South Blvd Troy, MI 48085 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes **Medical Bill** Other. Specify 4.6 TD Bank USA/Target Credit Last 4 digits of account number 1179 \$6,049.00 Nonpriority Creditor's Name P.O. Box 1470 When was the debt incurred? 1997 Minneapolis, MN 55440 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Capital Management Services LP Line **4.1** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 698 1/2 Odgen Street ■ Part 2: Creditors with Nonpriority Unsecured Claims Buffalo, NY 14206-2317 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Patenaude & Felix, APC Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 4545 Murphy Canyon Road, 3rd Part 2: Creditors with Nonpriority Unsecured Claims Floor San Diego, CA 92123 Last 4 digits of account number Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each

type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total				
claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor 1 M	Debtor 1 Mary L Sanders				19-42594-R
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Claim
Total claims	6f.	Student loans	6f.	\$	0.00
rom Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	24,337.19
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	24,337.19

Fill in this infor	mation to identify your			
Debtor 1	Mary L Sanders			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	PF MICHIGAN	
Case number	19-42594-R			
(if known)	13-42034-10			Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

-	Person or	company with Name, Number	whom you have th r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
.1					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.5	,		<u> </u>		
	Name				_
	Number	Street			
	City		State	ZIP Code	<u> </u>

					3/08/19 3:14PM
Fill in this	s information to identify your	case:			
Debtor 1	Mary L Sanders				
.	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fil	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT	OF MICHIGAN		
Case num	nber 19-42594-R				
(if known)	13-4234-IX				Check if this is an amended filing
	al Form 106H dule H: Your Cod	ebtors			12/15
people are fill it out, a your name	e filing together, both are eque and number the entries in the e and case number (if known)	ally responsible for sup boxes on the left. Attac . Answer every questio	plying correct informati th the Additional Page to n.	on. If more space is in this page. On the to	rate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case	, do not list either spouse	as a codebtor.	
■ No					
Arizo	thin the last 8 years, have you na, California, Idaho, Louisiana . Go to line 3. s. Did your spouse, former spor	, Nevada, New Mexico, P	uerto Rico, Texas, Washi		
in lin Form	e 2 again as a codebtor only i	f that person is a guara	ntor or cosigner. Make s	sure you have listed t	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedul	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lir	ne
0.1	Name			_ ☐ Schedule E/F,	
				☐ Schedule G, lir	· · · · · · · · · · · · · · · · · · ·
	Number Street City	State	ZIP Code	_	
3.2				☐ Schedule D, lir	ne
	Name			☐ Schedule E/F,☐ Schedule G, lir	line
	Number Street City	State	ZIP Code	-	

						_				
	in this information to identify you	our case: Sanders								
	btor 2									
	ouse, if filling) ited States Bankruptcy Court fo	or the: EASTERN DISTRIC	T OF MICHIGAN							
		of the. EASTERN DISTRIC	TOF MICHIGAN							
	se number 19-42594-R		_				k if this is n amende			
Ì	,					1		J	g postpetition	chapter
									ollowing date:	
<u>O</u>	fficial Form 106l					M	M / DD/ Y	YYYY		
S	chedule I: Your I	Income								12/15
spo atta	plying correct information. I use. If you are separated and cha separate sheet to this formation. Describe Employres	d your spouse is not filing worm. On the top of any addit	vith you, do not inclu	ıde infor	mati	on about	your spo	ouse. If mo	ore space is	needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
If y atta info	If you have more than one jo	nh	☐ Employed				☐ Empl		<u> </u>	
	attach a separate page with information about additional	Employment status	■ Not employed	■ Not employed				☐ Not employed		
	employers.	Occupation	Retired							
	Include part-time, seasonal, self-employed work.	or Employer's name								
	Occupation may include stude or homemaker, if it applies.	dent Employer's address								
		How long employed	there?				_			
Pai	rt 2: Give Details Abou	t Monthly Income								
spoi	mate monthly income as of use unless you are separated.					,		,		
-	սս or your non-filing spouse ha e space, attach a separate she		ombile the information	on for all t	ыпрі	For Dek		For Del	btor 2 or	you need
2.		, salary, and commissions (lanthly, calculate what the month		2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly	overtime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. A	Add line 2 + line 3.		4.	\$		0.00	\$	N/A	

Debtor 1 Mary L Sanders 19-42594-R Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here 0.00 \$ N/A List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. 0.00 N/A 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 \$ N/A 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 N/A 5d. Required repayments of retirement fund loans 5d. \$ 0.00 N/A 5e. Insurance 5e. 0.00 N/A 5f. **Domestic support obligations** 5f. 0.00 N/A 5q. **Union dues** 5q. \$ 0.00 N/A 5h. Other deductions. Specify: 5h.+ 0.00 N/A Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 0.00 N/A Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 7. \$ 0.00 \$ N/A List all other income regularly received: Net income from rental property and from operating a business, Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 8a. \$ 0.00 N/A monthly net income. 8h Interest and dividends 8b. 0.00 N/A Family support payments that you, a non-filing spouse, or a dependent 8c. regularly receive Include alimony, spousal support, child support, maintenance, divorce \$ settlement, and property settlement. 8c. 0.00 \$ N/A 8d. **Unemployment compensation** 8d. 0.00 N/A 8e. **Social Security** 8e. 1,282.00 N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. \$ Specify: Food Stamps 192.00 N/A 8g. 8g. \$ \$ Pension or retirement income 0.00 N/A 8h.+ Other monthly income. Specify: Help from Daughter \$ \$ 8h. 400.00 N/A Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 \$ 1.874.00 N/A 10. \$ \$ 10. Calculate monthly income. Add line 7 + line 9. 1,874.00 N/A \$ 1,874.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 1,874.00 12. applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Debtor's daughter helps her with her monthly expenses on an as-needed basis.

Sill	in this informat	tion to identify yo	our case.			1				
Deb		Mary L Sand						if this is:		
Deb	tor 2 ouse, if filing)						Α	n amended filing supplement show 3 expenses as of t	ing postpetition cha	pter
Unite	ed States Bankrı	uptcy Court for the:	: EASTE	RN DISTRICT OF MICHIG	AN		М	M / DD / YYYY		
Case	e number 19	-42594-R								
(If kr	nown)									
Of	ficial Fo	rm 106J								
Sc	chedule	J: Your I	Expen	ses						12/15
info	rmation. If me		eded, atta	If two married people are th another sheet to this f n.						
Part		ibe Your House	hold							
1.	Is this a join No. Go to									
	_	iine ∠. s Debtor 2 live i	in a separa	ate household?						
	□ No	-	st filo Officia	al Form 106J-2, <i>Expenses</i>	for Congrete House	shold of D	obtor			
•			_	arronn 1005-2, <i>Expenses</i>	ioi Separate House	FIOIG OI D	ebioi	۷.		
2.	-	dependents?	■ No		Daman danska nalasi			Daman danska	Dana danan dant	
	Do not list De Debtor 2.	eptor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		_	Dependent's age	Does dependent live with you?	
	Do not state								□ No	
	dependents r	names.							☐ Yes ☐ No	
									☐ Yes	
									□ No	
									☐ Yes	
									□ No □ Yes	
3.		enses include	han \blacksquare	No					□ res	
		people other the people of the		Yes						
Esti	imate your ex		our bankru	y Expenses uptcy filing date unless yo y is filed. If this is a supp						
•	licable date.	uate after tile t	Janki upto	y is ilieu. Il tilis is a supp	iementai Schedule	o, check	i iiie	box at the top of	the form and min	i tile
				government assistance if luded it on <i>Schedule I:</i> Y						
(Off	icial Form 10	6I.)					-	Your expe	enses	
4.		r home owners d any rent for the		ses for your residence. In lot.	nclude first mortgage	e 4.	\$		1,028.10	
	If not include	ed in line 4:								
		state taxes				4a.			243.00	
	•	ty, homeowner's				4b.	- 1		0.00	
		maintenance, re owner's associat		pkeep expenses Iominium dues		4c. 4d.	- 1		0.00	
5.				ur residence, such as hor	ne equity loans		\$		0.00	

Official Form 106J

Debtor 1	Mary L Sanders	Case number (if kno	wn) 19-42594-R
6. Util	ities:		
6a.	Electricity, heat, natural gas	6a. \$	190.00
6b.	Water, sewer, garbage collection	6b. \$	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	195.00
6d.	Other. Specify:	6d. \$	0.00
	d and housekeeping supplies	7. \$	192.00
	d and nodesheeping supplies	8. \$	0.00
	thing, laundry, and dry cleaning	9. \$	5.00
	sonal care products and services	10. \$	0.00
	lical and dental expenses	11. \$	
	nsportation. Include gas, maintenance, bus or train fare.	Π. Ψ	0.00
	not include car payments.	12. \$	20.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
	ritable contributions and religious donations	14. \$	0.00
15. Ins	•	· · · · · · · · · · · · · · · · · · ·	0.00
-	not include insurance deducted from your pay or included in lines 4 or 20.		
	. Life insurance	15a. \$	0.00
15b	. Health insurance	15b. \$	0.00
15c	Vehicle insurance	15c. \$	0.00
	. Other insurance. Specify:	15d. \$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.		0.00
	cify:	16. \$	0.00
17. Ins t	allment or lease payments:		
	. Car payments for Vehicle 1	17a. \$	0.00
17b	. Car payments for Vehicle 2	17b. \$	0.00
	Other. Specify:	17c. \$	0.00
	Other. Specify:	17d. \$	0.00
	r payments of alimony, maintenance, and support that you did not report as		
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		0.00
	er payments you make to support others who do not live with you.	\$	0.00
Spe	cify:	19.	
20. Oth	er real property expenses not included in lines 4 or 5 of this form or on School	edule I: Your Incor	ne.
20a	. Mortgages on other property	20a. \$	0.00
20b	. Real estate taxes	20b. \$	0.00
20c	Property, homeowner's, or renter's insurance	20c. \$	0.00
20d	. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e	. Homeowner's association or condominium dues	20e. \$	0.00
21. Oth	er: Specify:	21. +\$	0.00
	culate your monthly expenses		
	. Add lines 4 through 21.	\$	1,873.10
22b	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c	Add line 22a and 22b. The result is your monthly expenses.	\$	1,873.10
22 6-1	nulate your menthly not income		
	culate your monthly net income.	220 °	4 074 00
	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	1,874.00
23b	. Copy your monthly expenses from line 22c above.	23b\$	1,873.10
00 -	Culptroat vous monthly ovnonced from		
230	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	0.90
	The result is your <i>monthly het income</i> .	200. μ	5.55
For	you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect you iffication to the terms of your mortgage?	ou file this form? Ir mortgage payment to	o increase or decrease because of a
o	, , , , , , , , , , , , , , , , , , , ,		
111	(ee EADISID DOLD.		

Official Form 106J

Fill in this infor	mation to identify your				
Debtor 1	Mary L Sanders				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	PF MICHIGAN		
Case number	19-42594-R				
(if known)				☐ Check if this is an amended filing	

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Dic	d you pay or agree to pay someone who is NOT an attorney	to help	you fill out bankruptcy forms?
	No		
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
that	der penalty of perjury, I declare that I have read the summary t they are true and correct. /s/ Mary L Sanders	y and s	chedules filed with this declaration and
	Mary L Sanders Signature of Debtor 1	•	Signature of Debtor 2
	Date March 8, 2019		Date

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill ir	this inforn	nation to identify you	r case:								
Debto	or 1	Mary L Sanders	Middle Nove	LastName							
Debto	or 2	First Name	Middle Name	Last Name							
	e if, filing)	First Name	Middle Name	Last Name							
Unite	d States Ba	nkruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN							
Case	number '	19-42594-R									
(if knov						heck if this is an mended filing					
		<u>rm 107</u>									
Sta	tement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/16					
inforn	nation. If mer (if know	nore space is needed, n). Answer every que	attach a separate sheet to	this form. On the top of any	equally responsible for supposed additional pages, write you						
1. V	Vhat is you	r current marital statu	ıs?								
[Married Not mare										
2. C	Ouring the l	uring the last 3 years, have you lived anywhere other than where you live now?									
_	_	,	•	•							
	■ No □ Yes. Lis	o es. List all of the places you lived in the last 3 years. Do not include where you live now.									
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there					
					ity property state or territory co, Texas, Washington and W						
	No										
-	_	ake sure vou fill out <i>Sci</i>	hedule H: Your Codebtors (Of	ficial Form 106H).							
		,	roudio i in i cui ocuosioro (c.								
Part :	2 Explai	in the Sources of You	r Income								
F	ill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?					
Г	□ No										
i	_	I in the details.									
			Debtor 1		Debtor 2						
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)					
	ast calenda uary 1 to De	r year: ecember 31, 2018)	■ Wages, commissions, bonuses, tips	\$335.00	☐ Wages, commissions, bonuses, tips						
			☐ Operating a business		☐ Operating a business						

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemplo and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and I winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4.											
	List	each s	source and t	the gross inco	me from ea	ach source separat	tely. Do	not include income	that you listed in lir	ie 4.	
		No									
		Yes.	Fill in the de	etails.							
					Debtor 1				Debtor 2		
						of income below.	each (befo	is income from source are deductions and asions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
			/ 1 of curre filed for bar	nt year until nkruptcy:	Social S	ecurity		\$1,417.00			
			dar year: December	31, 2018)	Social S	ecurity		\$16,548.00			
			dar year be December		Social S	ecurity		\$16,500.00			
		_									
Pa	rt 3:	List	Certain Pa	yments You	Made Befo	ore You Filed for I	Bankru	otcy			
6.	Are	eithei	Debtor 1's	or Debtor 2	s debts pr	imarily consumer	r debts?	?			
		No.							ts are defined in 11	U.S.C. § 101	(8) as "incurred by an
			individual į	primarily for a	personal, f	amily, or househol	ld purpo	se."			
			•	90 days befo	re you filed	for bankruptcy, di	d you pa	ay any creditor a tot	al of \$6,425* or mo	re?	
			□ No.	Go to line 7							
			☐ Yes	List below e	each credito editor. Do n	or to whom you pai not include paymen	d a total	of \$6,425* or more	in one or more pay gations, such as ch	ments and th	e total amount you nd alimony. Also, do
			* Subject	not include	payments t	o an attorney for the	nis bank				,,,
	_								To aller the date of	r aajaotinont.	
	-	Yes.				e primarily consu for bankruptcy, di		bts. ay any creditor a tot	al of \$600 or more?	•	
			■ No.	Go to line 7							
			□ Yes	List below e	each credito	or to whom you pai	d a total	of \$600 or more ar	nd the total amount	you paid that	creditor. Do not
				include pay attorney for			bligation	is, such as child sup	oport and alimony.	Also, do not ir	nclude payments to an
	Cre	ditor'	s Name and	d Address		Dates of payme	ent	Total amount paid	Amount you still owe	Was this p	ayment for
_											
7.	<i>Insid</i> of wa	<i>ders</i> in hich y	clude your r ou are an of	elatives; any ficer, director	general par , person in (rtners; relatives of control, or owner o	any gen of 20% o		erships of which yo g securities; and ar	u are a gener ny managing	al partner; corporation agent, including one fo
		No									
			List all pavn	nents to an in	sider.						
			Name and			Dates of payme	nt	Total amount	Amount you	Reason for	r this payment
						, , , , , , , , , , , , , , , , , , ,		paid	still owe		, ,

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Part 6: List Certain Losses

more than \$600

Charity's Name

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Describe what you contributed

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 3

Value

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total

Address (Number, Street, City, State and ZIP Code)

Dates vou

contributed

	or gambling?							
	■ No							
	Yes. Fill in the details.							
	Describe the property you lost and	Descri	be any insurance coverage for the los	ss	Date of your	Value of property		
	how the loss occurred		the amount that insurance has paid. Lis		loss	lost		
			ice claims on line 33 of Schedule A/B: P					
Dai	t 7: List Certain Payments or Transfer	·e						
I al	List Certain rayments or mansier	3						
16.	Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition	preparir	ng a bankruptcy petition?			rty to anyone you		
	□ No							
	Yes. Fill in the details.							
	Person Who Was Paid		Description and value of any proper	rtv	Date payment	Amount of		
	Address		transferred	ity	or transfer was	payment		
	Email or website address				made			
	Person Who Made the Payment, if Not	You	Au		0/00/40	#05.00		
	The Carey Law Group, P.C. 23930 Michigan Avenue		Attorney Fees		2/22/19	\$85.00		
	Dearborn, MI 48124							
	ecf@careylawgroup.net							
	Debt Education & Certificatio Foundation 112 Goliad St, Ste D Fort Worth, TX 76126		Credit Counseling		2/22/19	\$15.00		
17.	Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer tha	ditors o	r to make payments to your creditors		r transfer any prope	rty to anyone who		
	■ No							
	☐ Yes. Fill in the details.							
	Person Who Was Paid		Description and value of any proper	Date payment	Amount of			
	Address		transferred		or transfer was	payment		
					made			
18.	Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer	ur busin s made a	ess or financial affairs? as security (such as the granting of a sec					
	include gifts and transfers that you have already listed on this statement.							
	No							
	Yes. Fill in the details.							
	erson Who Received Transfer ddress				te any property or note transfer was received or debts made exchange			
	Person's relationship to you							
19.				lf-settled tru	ıst or similar device	of which you are a		
	beneficiary? (These are often called asse	r protooti	on devided.)					
	■ No Yes. Fill in the details.	n protooti	on devided.					

Official Form 107

Name of trust

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Description and value of the property transferred

page 4

Date Transfer was

made

Par	t8: List of Certain Financial Accounts, In	struments, Safe Depos	it Boxes, and Sto	rage Unit	s				
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, whouses, pension funds, cooperatives, asso No Yes. Fill in the details.	or other financial acco	unts; certificates	of deposit					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number Type of account instrument		nt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed fo	or bankruptcy, an	y safe dep	oosit box or other deposit	ory for securities,			
	■ No □ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?			
22.	Have you stored property in a storage unit	or place other than you	ır home within 1 y	year befor	e you filed for bankruptc	/?			
	■ No □ Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	to it?	to it? Address (Number, Street, City,		the contents	Do you still have it?			
Par	19: Identify Property You Hold or Control	for Someone Else							
23.	Do you hold or control any property that so for someone.	meone else owns? Inc	lude any property	y you borr	rowed from, are storing fo	or, or hold in trust			
	■ No □ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	the property	Value			
Par	110: Give Details About Environmental Inf	ormation							
For	the purpose of Part 10, the following definiti	ons apply:							
	Environmental law means any federal, state toxic substances, wastes, or material into t regulations controlling the cleanup of these	he air, land, soil, surfa	ce water, ground						
	Site means any location, facility, or propert to own, operate, or utilize it, including dispose	•	environmental la	w, wheth	er you now own, operate,	or utilize it or used			
	Hazardous material means anything an env hazardous material, pollutant, contaminant	ironmental law defines	as a hazardous	waste, ha	zardous substance, toxic	substance,			
Rep	ort all notices, releases, and proceedings th	at you know about, reç	ardless of when	they occu	rred.				
24.	Has any governmental unit notified you tha	t you may be liable or	ootentially liable	under or i	n violation of an environn	nental law?			
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental u Address (Number,	nit Street, City, State and	Enviro know	onmental law, if you it	Date of notice			

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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3/08/19 3:14PM

Debtor 1 Mary L Sanders Case number (if known) 19-42594-R